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Equine Review

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Equine Review

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1. Name the five most important enteric parasites of horses and name one good generic drug for each.
2. Are "splints" an arthritic condition, and at what age do they usually occur?
3. Does the majority of lamenesses in horses occur: a) in the front or rear legs? b) above or below the carpus?
4. Name five types of founder.
5. How would you recommend shoeing a chronically foundered horse?
6. What is the earliest optimum stage of gestation to diagnose pregnancy in the mare by each of the following methods:
   1. Rectal palpation?
   2. Freedman Test?
   3. MIP Test?
7. What, anatomically speaking, is a "shoe-boil" and what is the usual etiology?
8. What are four possible sequelae to strangles?
9. A client wants you to set up a good immunization program for his horses. What are four diseases or conditions you would consider immunizing for in your program?
10. You are called out to treat a horse with a deep wirecut over the bulb of the heel on the lateral side of the left front foot. You continue periodic treatment over the next two weeks and are very pleased with the progress. Three days after your last visit the owner calls you again; he says that the wound has broken open again just above the coronary band and a thick greyish material is draining out. What is your most likely diagnosis now? What treatment would you recommend? What prognosis would you give?
11. What is the reciprocal apparatus? Name the structures making it up.
12. What is the most common bacterial organism cultured from the cervix of the mare?
13. List the number of days appropriate for each of the following:
    a. Duration of reproductive cycle?
    b. Duration of estrus?
    c. Time of ovulation?
    d. Duration of gestation?
14. What organism is associated with poll evil and fistulas withers?
15. What is the dental formula of the horse?

(Answers on page 39)

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Answers to Equine Review

1. Bots . . . . . carbon disulfide
   Large strongyles . . . phenothiazine
   Small strongyles . . . phenothiazine
   Ascarids . . . . . piperazine
   Pin worms . . . . . phenothiazine
2. Yes
   1–2 years
3. Front leg; below the carpus
4. Grain founder; water founder; grass founder; road founder; post parturient founder.
5. Trim the foot low in the heel, dub the toe, full pads, pack with oakum and pine tar, reset every four weeks.
6. a. 45 days
   b. 60 days
   c. 41–44 days
7. Olecranon bursitis; continual trauma from concrete floors or from long, built-up hooves as in show horses.
8. Bastard strangles
   Purpura hemorrhagica
   Pneumonia
   Indurated lymph nodes
9. Tetanus
   Equine encephalomyelitis
   Equine influenza (A_1 and A_2)
   Strangles
10. Quittor; surgically curetting out all of the necrotic collateral cartilage; guarded prognosis.
11. The reciprocal apparatus is strictly a mechanical apparatus of the hind leg which causes the hock to flex when the stifle flexes and the hock to extend when the stifle is extended.
    Peroneus tertius
    Superficial digital flexor tendon
    Gastrocnemius tendon
12. Beta-hemolytic *Streptococcus*
13. a. 20–22 days
    b. 5–6 days
    c. 1–2 days before end of estrus
    d. 336 days
14. *Brucella abortus*
15. $2\left(I\frac{3}{3}\ C\frac{1}{1}\ P\frac{3 \text{ or } 4}{3}\ M\frac{3}{3}\right) = 40 \text{ or } 42$

Answers to Small Animal Review

Case 1

The diagnosis in this case is megacolon due to bone impaction. Therapy consisted of soapy water enemas and hydrolose syrup administration for two days before the dog passed the mass. The dog did not appear toxic enough to warrant any supportative therapy. The prognosis in this case is good, but the owner must be advised of the possibility of permanent megacolon due to prolonged overdistension.

Case 2

Severe cystitis and secondary hydronephrosis is the diagnosis in this case. The hydronephrosis probably occurred due to the severe changes in the inflamed bladder which occluded the opening of the ureters into the bladder. The enlarged ureters and hydronephorotic kidney are evident on the radiograph.

Treatment involved intravenous fluids and antibiotics to detoxify the animal.

Tetracycline and Renzol tablets were used to treat the cystitis. The dog progressed fairly well on this therapy and was released with medication to be given at home. The prognosis in this case would have to be questionable depending upon how well the cystitis can be cleared up and the amount of damage done in the hydronephrotic kidney. Also in this case we must consider the resistance of the *Klebsiella pneumoniae* organism to antibiotic therapy. Due to the inflammatory changes present in both the bladder, ureters, and kidney, pyelonephritis must also be considered a possible sequellae.

Periodic urinalysis would be of definite